



5112 77th Place NE Suite 200
Marysville, WA 98270
Ph 360-6512627 Fax 425-740-0127

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the CREDIT CARD information section below and sign the form. ALL requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information

Customer Name _____ Customer Account Number _____ Phone _____ - _____ - _____

Payment Information

I authorize AVSS to automatically bill the credit card listed below as specified.

Amount \$ _____ Frequency Weekly Monthly Quarterly Annually (Check only one)

Start Billing on ____ / ____ / _____ End Billing when _____ Contract Expires
Customer Provides Cancellation

Credit Card Information (to be completed by customer)

AVSS accepts the following credit cards: **VISA, Master Card, Discover, American Express**

Credit Card Type _____ Credit Card Number _____ Expires ____ / ____

Cardholders Name _____ Cardholders Zip code _____
(as shown on credit card) (Required)

Card Holders Signature _____ Date: _____

Must be mailed to AVSS
5112 77th Place NE Suite 200
Marysville, WA 98270

Faxed forms will NOT be accepted